53. *Ligature of the Internal Iliac.*—It is probably known to most of our readers that the internal iliac was first tied for aneurism of the ischiatic artery by Dr. Stevens, of St. Croix, in 1812. The patient lived ten years after the operation. Mr. Lawrence, in his surgical lectures, recently expressed a doubt of the artery having been really tied in this instance. Dr. Stevens being in London at the time, sent the parts, (which he had obtained on the death of the patient, and preserved in spirits,) to the Royal College of Surgeons, where they were dissected, and the fact of the internal iliac having been tied, fully established. The preparation exhibited the internal iliac artery converted into an impervious chord where the ligature was applied, and the remains of the aneurismal swelling on the ischiatic artery. Mr. Lawrence is said to have expressed himself as perfectly satisfied with the dissection.

54. *Lithotrity.*—It is stated in a late number of *La Lancette Française*, that a child, five years of age, was admitted into Hôtel Dieu, with symptoms of stone in the bladder, and was repeatedly examined by MM. Breschet and Sanson, who distinctly felt the stone, with this peculiarity, that M. Breschet felt it always on the right, and M. Sanson on the left side. The child was brought into the amphitheatre, but the stone could not be found. A few days afterwards the little patient was again carried into the amphitheatre; the stone was distinctly felt, and MM. Dupuytren and Breschet alternately introduced the "lithotriteur," but without any effect. On the 2d of July, a third attempt was made; M. Dupuytren felt the stone, but, an injection having been made into the bladder, he could not seize it with the "pince." M. Leroy was now called upon by M. Dupuytren, to try his skill; the stone was directly seized and crushed into pieces; it was rather small, and consisted of the oxalate of lime.

This case proves what we have constantly urged, that a considerable degree of practical skill is necessary in the operation of lithotrity, and that it should not be condemned because unskilful operators fail. It also adds another and no insignificant laurel to those already won by M. Dupuytren, that after having failed himself, he should have had the ingenuousness to afford another an opportunity of showing superior skill in manipulation, and exhibits an honourable anxiety to arrive at truth, and a disregard of selfish considerations, which cannot be too much lauded or too frequently imitated.

55. *Chilblains.*—Professor Graefe, of Berlin, states that in the management of these affections, when the pain is considerable, he has found much advantage from the application of leeches. But when the pain is from the first moderate, or has been mitigated by the abstraction of blood, a solution of chloride of lime affords more relief than any other application. He employs it in the proportion of one part of the chloride to twenty-four parts of water, which is to be applied to the part by means of thin pledgets wet with the solution.—*Journal für Chirurgie und Augenheilkunde*, 13 *Band. Stuck* 1.

56. *Amputation of the Penis by the Ligature.*—The ligature was long since employed by Buysch, as the best means of amputating the penis. He was doubtless led to the adoption of the operation by the dread of hæmorrhage, which, from the large size of the vessels, and the disposition of the organ to retract as soon as divided, is sometimes very troublesome and alarming. This plan, however, had become entirely neglected, until revived, in modern times, by Professor Graefe, who has practised it repeatedly, and with great success. Dr. Michaelis has lately detailed five cases, in which its advantages were strikingly manifest: the part sloughed away in a few days, and cicatrization rapidly ensued. The following is Graefe's method of operating, as described by Bierkowskie, (Chirurgischen Operationen, p. 476, Berlin, 1827.) "A bougie, or silver catheter, is to be passed into the bladder. A strong ligature is then to be drawn upon the penis, at the point at which it is to be removed, as tightly as possible. The part situated anterior to the ligature sloughs away in a short time, and the urine passes through the catheter until the wound is healed. The

operation is not attended with much pain, and when it is necessary to remove the penis near the arch of the pubis, in which case from the retraction of the body of the organ beneath that bone, danger from hæmorrhage would be incurred, we should be disposed to give Professur Graefe's operation the preference over the knife.—*Ibid. XIII. Stuck* 2.

57. *Cure of a Complete Division of the Trachea and Œsophagus, the individual afterwards breathing through an Aperture remaining at the seat of the Injury.*—Extensive injuries of the trachea and œsophagus are by no means unfrequent, yet the surgeon is rarely called upon to treat one of so interesting a character as that now under consideration. An individual, wishing to escape an arrest for the crime of larceny, cut his throat with a common pruning knife. He was found lying upon his abdomen, with his head resting upon his arms, and was carried to the Alms-house of Keil, for assistance. Professor Lueders, who was called to him, found a transverse wound implicating the anterior part of the neck, of about six inches in length, and having its borders removed three inches from each other. It had penetrated entirely through the trachea, between its first and second cartilaginous rings, and through the corresponding portion of the œsophagus, to the vertebra of his neck. What is somewhat singular is, that none of the important blood-vessels and nerves of the neck were divided, a circumstance which can only be explained by the wound having been inflicted by the point of a curved instrument. The patient was much harassed by a spasmodic rattling cough, occasioned by the passage of the blood from the wounded vessels into the trachea. In this situation he remained throughout the night, and when Professor Lüders found that the case was not immediately fatal, he predicted a protracted death from hunger. A gum elastic tube was attempted to be passed into the lower end of the œsophagus, with a view of throwing nourishment into the stomach, but the attempt was productive of such a violent effort to vomit, that it was relinquished, and to allay the urgent sensation of hunger and thirst, of which the patient complained, tepid milk was directed to be taken in the mouth frequently, so that by attempting to swallow it, a small portion might pass into the stomach. This escaped through the wound, in a stream, and a small quantity of it falling into the trachea, excited much coughing and difficulty of respiration. It nevertheless preserved the mouth and palate in a moist condition, and thus abated the urgeney uf the thirst. To ensure quietude, an enema of fifteen drops of tincture of opium, with mucilage, was thrown into the bowels. In the course of the night the patient did not sleep, but threw up, from time to time, a considerable quantity of bloody mucus, by violent fits of coughing. An attempt was now made to approximate the edges of the wound, by means of a suture, but as soon as they were brought together, so as to close the aperture, the difficulty of respiration became extreme, the face assumed a livid hue, and the individual was threatened with immediate suffocation, which was only prevented by opening the wound so as to permit the air to enter the lungs. Repeated attempts of the same kind, made in the course of the day, were constantly followed by similar results. Much blood and mucus were also discharged through the wound. The pulse, however, was full and regular, and the patient was free from fever. Towards evening, on the second day after the injury, he complained of hunger, to relieve which a curved tube made of tin, having one end expanded like a funnel, the other terminating in a rounded knob, was attempted to be passed through the wound, so as to admit of the introduction of fluid aliment. On the third day, a small quantity of milk, with the yolk of some eggs, was conducted through the tube, into the lower end of the wounded œsophagus, but not without exciting considerable spasmodic cough and vomiting, by which it was returned through the wound. By the fourth day the patient was somewhat improved. He succeeded in swallowing some milk, only a part of which escaped through the wound, a small quantity passing into the stomach. An attempt to bring together the edges of the wound was followed by the same difficulties as before; an effect which Professor Lüders very rationally ascribes to a paralysis of the muscles of the larynx,